

# NAVAJO COUNTY VOLUNTEER SERVICE AGREEMENT

I, **(Print Name)** \_\_\_\_\_, do hereby  
volunteer my services as a **(Position)** \_\_\_\_\_  
in the \_\_\_\_\_ Department of the Navajo County  
government.

I understand that, as a volunteer, I am not entitled to any form of employee compensation or benefits including, but not limited to, wages, health care insurance, retirement, social security or life insurance. I further understand that Navajo County, in accordance with A.R.S. §§ 23-901 and 23-901.06, has chosen to provide workers' compensation coverage for volunteers as allowed by Arizona law and that workers' compensation benefits will be the only amounts payable to me if I am injured in connection with my service as a volunteer.

I agree to abide by the rules and policies of the Navajo County government and the  
\_\_\_\_\_ Department.

I understand that my participation as a volunteer is at-will and on an as-needed basis and can be discontinued by me or the Department Director or Elected Official at any time, for any reason or no reason at all.

Furthermore, I understand that participation as a volunteer does not entitle or guarantee me future employment with Navajo County.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**